REPORT OF TRAINING
7-3-07

Course Number

COURSES

- ☐ **Primary Instructor**
- ☐ **First Responder**
- ☐ **Basic**
- ☐ **Basic Advanced**
- ☐ **Intermediate**
- ☐ **Paramedic**
- ☐ **EVOC**
- ☐ **Extrication**
- ☐ **Instructor**
- ☐ **Update**

Name of Institution	County

Address *(street, number or Rural Route)*	City	Zip code

Location of Course

Address *(street, number or Rural Route)*	City	Zip Code

Starting Date *(month, day, year)*	Completion date *(month, day, year)*	Number students starting	Number students completing

Number of Classes held	Total course hours =	Number of classroom hours +	Number of clinical hours +	Number of Ambulance hours

PRIMARY INSTRUCTOR/FIRST RESPONDER/BASIC COURSES

Name of Training Institution Official *(printed):*	
Signature of Training Institution Official:	Date signed *(month, day, year)*
Name of Primary Instructor *(printed):*	
Signature of Primary Instructor:	Date signed *(month, day, year)*
Signature of Medical Director:	Date signed *(month, day, year)*

BASIC ADVANCED/INTERMEDIATE/PARAMEDIC COURSES

Name of Training Institution Official *(printed):*	
Signature of Training Institution Official:	Date signed *(month, day, year)*
Name of Primary Instructor *(printed):*	
Signature of Primary Instructor:	Date signed *(month, day, year)*
Name of Medical Director *(printed):*	
Signature of Medical Director:	Date signed *(month, day, year)*
Name of Course Coordinator *(printed):*	
Signature of Course Coordinator:	Date signed *(month, day, year)*

EMERGENCY VEHICLE OPERATIONS/EXTRICATION/INSTRUCTOR COURSES

Location of Driving Range:	
Signature or Approved Instructor:	Date signed *(month, day, year)*
Signature or Approved Institution Official:	Date signed *(month, day, year)*

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List All Students Enrolled at the Start of the Course.						
Student Name:	County		Age	Certification Number		
Address *(street, number or Rural Route)*		Score	Didactic Hours	Clinical hours		Ambulance Hours
City, State, ZIP Code	EMS Affiliation			Driver's License or State ID Number		
Student Name:	County		Age	Certification Number		
Address *(street, number or Rural Route)*		Score	Didactic Hours	Clinical hours		Ambulance Hours
City, State, ZIP Code	EMS Affiliation			Driver's License or State ID Number		
Student Name:	County		Age	Certification Number		
Address *(street, number or Rural Route)*		Score	Didactic Hours	Clinical hours		Ambulance Hours
City, State, ZIP Code	EMS Affiliation			Driver's License or State ID Number		
Student Name:	County		Age	Certification Number		
Address *(street, number or Rural Route)*		Score	Didactic Hours	Clinical hours		Ambulance Hours
City, State, ZIP Code	EMS Affiliation			Driver's License or State ID Number		
Student Name:	County		Age	Certification Number		
Address *(street, number or Rural Route)*		Score	Didactic Hours	Clinical hours		Ambulance Hours
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Student Name:	County		Age	Certification Number		
Address *(street, number or Rural Route)*		Score	Didactic Hours	Clinical hours		Ambulance Hours
City, State, ZIP Code	EMS Affiliation			Driver's License or State ID Number		